MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH DEPARTMENT OF PUBLIC HEALTH AND WELFARE 18 Primary Registration District No. 1008 Registrar's No. 13025 STATE FILE NUMBER Registration District No. DO NOT WRITE AMENDED ON THIS STUB 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before 1. PLACE OF DEATH a. COUNTY b. COUNTY City of St. Louis a. STATE VS 300 admission) AMENDED Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits OR TÓWN TÖWN St. Louis Yes | No [7 Campbell c. FULL NAME OF (If NOT in hospital, give location) d. STREET Inside Limits (If cutside, give location) Reside on Farm DATE HOSPITAL OR **ADDRESS** INSTITUTION Yes | No | Yes No [] Firmin Desloge Pine 110 S NAME OF DECEASED Middle Last DATE Day (Type or print) OF Zettie Smith 12 26 63 DEATH 9. AGE (last birthday) | IF UNDER 1 YEAR IF UNDER 24 HR 5. SEX 7. Married 🌃 B. DATE OF BIRTH 6. COLOR OR RACE Never Married □ Days Hours Widowed [ Divorced [] 5-24-0b 63 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Oregon-Co.Mo. USA <u>Housewife</u> 14. NAME OF HUSBAND OR WIFE 13a. FATHER'S NAME Dale 13b. MOTHER'S MAIDEN NAME Estle Smith Polity Woodring

16. SOCIAL SECURITY NO. | 17. INFOR 15. WAS DECEASED EVER IN U.S. ARMED FORCES? I 17. INFORMANT (Yes, no, or spiknown) (If yes, give wer or dates of service) ₹ EstleaSmith: 110 S. Pine Campbell, Mo. None 18. CAUSE OF DEATH (Effer only one cause per line for (a), (b), and (c).
FART LE DEATH WAS CAUSED BY: DOCUMENT ONSET AND DEATH 10 IMPEDIATE CAUSE (6) Pulmonary Embolus CORD 03 a Fracture of right Hip DUE TO (b) Status Post Surgary Right OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART 111, 1f deceased CERTIFICATION in last 90 days. there a pregnang disease condition given in PART I (a) 61 AMENDMENTS □ Unknown 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) HOMICIDE SUICIDE 19. WAS AUTOPSY 20a. ACCIDENT PERFORMED? Fall at Home YES | NO A 20c. TIME OF Month, Day, Year Hou RIBBON INJURY a.m. p.m. USE BLACK INK STATE COUNTY 20s. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg.,,etc.) 20d. INJURY OCCURRED WHILE AT WORK [ Mo NOT WHILE AT WORK TO Home Campbel] OR TYPEWRITER 21. I attended the deceased from 2: 12-26-63 \_and last saw him alive on REA m on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at SHOULD 22c. DATE SIGNED 22b. ADDRESS (Degree or title) 22a, SIGNATURE Ō Firmin Desloge 23d. LOCATION (City, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE AFFIDA REMOVAL (Specify)
Removal ġ Campbell.Mo.

24. FUNERAL DIRECTOR

Landess Funeral Home . Campbell . Mo.

DATE RECD. BY LOCAL REG.

Woodlawn Cemetery

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Campbell, Mo

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QLH JOS STATEMENT BY LICENSED EMBALMER

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はまませんできますのではは、tool たけむまる I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by	, Student Embalmer No
working under my personal supervision. 4.8 1103	
Student	Signed Varvey Kahle
Signature of Student Embalmer,	1

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Note: IThe above MUST BE; SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. • On alf-this body is not embalmed fact should be so stated above. Ed. Q.S.

Lemoval

Licensed Embalmer No.\_

Landers Funeral Home, Campheli, No. 1117 Fig. 543

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